#### Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 P.O. Box 12070 FORM C/OH CANDIDATE / OFFICEHOLDER 04-03-03 COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 ACCOUNT# The C/OH INSTRUCTION GUIDE explains how to complete (Ethics Commission filers) this form. 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME NICKNAME MCCLOUD APT / SUITE #; ADDRESS / PO BOX; 4 CANDIDATE/ ANNGLEN OFFICEHOLDER 2412 **ADDRESS** FORT WORTH , TX Change of Address CAMPAIGN TREASURER Receipt # Amount NAME Mc CLOUD SUFFIX NICKNAME Date Processed Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE 6 CAMPAIGN TREASURER 2412 ANN GLEN ADDRESS (Residence or business) FORT WORTH -76119 AREA CODE EXTENSION **CAMPAIGN** TREASURER 5352880 (817)PHONE 8 REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 Exceeded \$500 limit Final report (Attach C/OH - FR) 8th day before election 9 PERIOD THROUGH 034/02/03 COVERED 07/15/02 ELECTION DATE 10 ELECTION **ELECTION TYPE** Runoff Special Primary 05/03/03 OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE COUNCILMEMBER COUNCIL MEMBER 13 NOTICE .. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. OF DIRECT Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. CAMPAIGN **EXPENDITURE** BY OTHER **INDIVIDUALS** Address / PO Box; Apt. / Suite #; City; State; Zip Code

**GO TO PAGE 2** 

additional pages

### **CANDIDATE / OFFICEHOLDER REPORT:**

Austin, Texas 78711-2070

FORM C/OH OVER SHEET PG 2

1-800-325-8506

SUPPORT	& TOTAL	S	Cover Sheet pg 2	
14 C/OH NAME	MCC	LOUD	15 ACCOUNT #(Ethics Commission flers)	
16 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate of they receive notice of such expenditures.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	. •	
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$	
-		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2500,00	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 140.00	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT				
		I swear, or affirm, under penalty of pe is true and correct and includes all inf me under Title 15, Election Code.		
GLORIA PEARSON MY COMMISSION EXPIRES April 2, 2006  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP	/ SEAL ABOVE			
Sworn to and subscrib	A A		, this the <u>BU</u> day	
of Gh. 2005, to certify which, witness fny hand and seal of office.				
Signature of office add	ministering oath	Printed name of officer administering oath Title	of officer administering oath	

# **POLITICAL CONTRIBUTIONS**

P.O. Box 12070

SCHEDUI F A1

OTHE	R THAN PLEDGES OR LOANS	(FOR FO	(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
The Instruction Guide explains how to complete this form.  FILER NAME  McCLOUP  RALPH  Date  5 Full name of contributor   out-of-state PAC (ID#:		1 Total pages this	Total pages this Schedule A1:     ACCOUNT # (Ethics Commission filers)	
		3 ACCOUNT # (E		
Date	5 Full name of contributor			
,	MUTON PACE	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable	
3/31/0		50,00		
	FORT WORTH, TX 76	1/2	1	
Principal occ	Upation (Optional)	ployer (Optional)		
Date	Full name of contributorout-of-state PAC (ID#:	Amount of	late to the same	
do al	DOYLE WILLIS	contribution (\$)	In-kind contribution description (if applicable)	
129/03	Contributor address; City; State; Zip Code 3316 BROWNING	50,00		
	1	5/)1		
Principal occu	Ination (Ontional)	loyer (Optional)		
Date	Full name of contributor			
10.10	L. CLIFFORD DAVIS	Amount of contribution (\$)	In-kind contribution description (if applicable)	
31/03	Contributor address; City; State; Zip Code		•	
,	2161 FLEMMING	50,00		
	FORT WORTH IX			
Principal occu	pation (Optional) Empl	oyer (Optional)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of		
ı i	MR. JOE THOMPSON	contribution (\$)	In-kind contribution description (if applicable)	
29/03	Contributor address; City; State; Zip Code 4809 BROCKTON CT	100.00		
	FORT WORTH, TX 761	32		
Principal occup	eation (Optional) Emplo	oyer (Optional)		
Date	Full name of contributor			
, ,	Jim BRADSHAW	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Contributor address; City; State; Zip Code	250,00		
30/63	P.O. BOX 100338	, !		
30/63 Principal occupa	FORT WORTH, TX			

ntributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A1

OTHER THAN PLEDGES OR LOANS			(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
The Instruction Guide explains how to complete this form.			1 Total pages this Schedule A1:	
McCLOUP, RALPH			3 ACCOUNT # (Ethics Commission filers)	
Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/24/03	6 Contributor address; City; State; Zip Code 201 MAIN STE	2500	500,00	
D	16102			1
Principal occu	pation (Optional)	10 Employer (Option	onal)	
Date	Full name of contributor Out-of-state PAC (ID#_	WD	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/25/03	Contributor address; City; State; Zip Code  801 CHERRY #	+ 9	500,00	
	FORT WORTH T	Ŷ.		•
Principal occup	pation (Optional)	Employer (Option	nal)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/03	Contributor address; City; State; Zip Code		1000.00	
Principal occupa	ation (Optional)	Employer (Option	al)	
Date	Full name of contributor			
			Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occupa	ition (Optional)	Employer (Option	al)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			· ····································
			į	
Principal occupat	tion (Optional)	Employer (Optiona	ıl)	
If contribu	ATTACH ADDITIONAL COPIES utor is out-of-state PAC, please see instruc	OF THIS FORM A	S NEEDED	O requirements

PLEDGE	ED CONTRIBUTIONS		(FOR FORMS C/OH	SCHEDULE B1, sc-c/oh, sc-spac, & spac)
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAME			3 ACCOUNT # (Ethics Commission filers)	
4 TOT	TAL OF UNITEMIZED PLEDGES: □	<b>a a a</b>	\$ \$	\$
5 Date	6 Full name of pledgorout-of-state PAC (ID#:	)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code		,	
10 Principal occu	pation (optional)	11 Employer (options	al)	
Date	Full name of pledgorout-of-state PAC (ID#:	)	Amount of	In-kind description
	Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
Principal occu	pation (optional)	Employer (optiona	al)	<u> </u>
Date	Full name of pledgorout-of-state PAC (ID#:	)	Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	pation (optional)	Employer (options	al)	
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	pation (optional)	Employer (options	il)	
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	pation (optional)	Employer (optiona	l)	
If contr	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru	OF THIS FORM A	S NEEDED Iditional reporti	ng requirements.

P.O. Box 12070

_	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction Guide explains how to complete this form.			ule G:
2 FILER NAME		3 ACCOUNT # (Ethic	es Commission filers)
04/02/03	5 Payee name FW BLACK NEWS 6 Payee address; City; State; Zip Code	8 Amount (\$)	
	7 Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Reimbursement from political contributions intended
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information rec	quired.)	Amount (\$)  Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information req	uired.) [	Reimbursement from political contributions intended
:	ATTACH ADDITIONAL COPIES OF THIS FORM A	AS NEEDED	

i	NT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS	SCHEDULE <b>H</b>
The Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sch	edule H:
2 FILER NAME		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Business name		7 Amount (\$)
• • •	6 Business address; City; State; Zip Code		
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ·· Office sought Office held ,
Date	Business name		
Sale	Business address; City; State; Zip Code		Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Business name		Amount (\$)
	Business address; City; State; Zip Code		
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
Date	Business name  Business address; City; State; Zip Code		Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure     Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	